

R E A D      T H I S      F I R S T

THE FOLLOWING INSTRUCTIONS SHOULD BE READ CAREFULLY. YOUR APPLICATION WILL NOT BE ACTED UPON UNTIL ALL QUESTIONS HAVE BEEN ANSWERED AND ALL DOCUMENTS RECEIVED.

1. Applicant Information Sheets No. 1 and No. 2

Read both Applicant Information Sheets. Sign and return one (1) copy of Sheet No. 1. You may retain Sheet No. 2 and the second copy of Sheet No. 1.

2. Personal History Statement

Type or print carefully. USE BLACK TYPEWRITER RIBBON OR BLACK INK. Complete and return only one copy. **It must be signed and witnessed.** The other copy may be used as a worksheet and retained for your own records.

3. Appendix 1 to the Personal History Statement

Read Appendix 1 carefully and return **signed and witnessed**. If you are married, Appendix 1 is also to be read by your spouse and **signed and witnessed** in the section provided.

4. Medical Record (Form 2223)

a. This form is to be completed by **you**. You have the option, however, of:

1. Completing it now, enclosing in the envelope provided marked "Privileged Medical Information," sealing and submitting it with your other application papers; or
2. Completing it at the time of subsequent medical examination.

Completing the form now may mean a saving in processing time and thus be to your personal advantage, particularly if there is any question concerning physical qualifications that must be resolved.

b. If you desire to complete the form now, proceed as follows:

1. Answer all items
2. Each item checked in Section 6 requires explanation of the following points on the reverse side of the form:

- a. Age when occurred
- b. Exact diagnosis if known
- c. Type of treatment
- d. Name and address of physician who treated
- e. Remaining defects

3. If you have ever been hospitalized for a psychiatric or emotional problem or if you have ever consulted a psychiatrist or psychologist for any reason other than vocational counseling, provide a complete and detailed report in **your own words** covering such hospitalization or consultation. Use the reverse side of the form. If additional space is needed, use a continuation sheet, sign it and attach to the form.

4. If you are presently under the care of a physician for other than a minor ailment, attach a statement from this physician describing the condition.

5. Photographs

Please furnish three (3) passport-size photographs (head and shoulders view 2 $\frac{1}{4}$ " X 2 $\frac{1}{4}$ " minimum size). On the back of each photograph, indicate date taken and print your name.

6. College Transcript

If you have not been instructed otherwise, please include one (1) copy of your college transcript (including graduate work, if appropriate). If you are enrolled in courses which do not appear on the transcript, please list these courses and attach the list to the transcript. If a transcript will be forwarded later, please indicate the approximate date.

**CENTRAL INTELLIGENCE AGENCY**

WASHINGTON, D. C. 20505

**Applicant Information  
Sheet No. 1**

To all persons applying for employment  
with the Central Intelligence Agency:

This paper is the first step in applying for employment or consultant status with the Central Intelligence Agency. No application may proceed beyond this first step if the applicant is not in agreement with the conditions stated below:

**General Considerations:**

1. The National Security Act of 26 July 1947 (Public Law 253, 80th Congress) which created the Central Intelligence Agency places upon the Agency the responsibility:
  - a. "to advise the National Security Council in matters concerning such intelligence activities of the Government departments and agencies as relate to the national security;
  - b. "to make recommendations to the National Security Council for the coordination of such intelligence activities of the departments and agencies of the Government as relate to the national security;
  - c. "to correlate and evaluate intelligence relating to the national security, and provide for the appropriate dissemination of such intelligence within the Government . . . ;
  - d. "to perform, for the benefit of the existing intelligence agencies, such additional services of common concern as the National Security Council determines can be more efficiently accomplished centrally;
  - e. "to perform such other functions and duties related to intelligence affecting the national security as the National Security Council may from time to time direct."

The special character of this national responsibility requires the Agency to maintain special employment criteria which may be different from the routine or normal employment standards of other Government departments and agencies which do not have the highly sensitive responsibility borne by the Central Intelligence Agency. It follows that the investigation of applicants prerequisite to their acceptance is a time-consuming process which, in addition to loyalty and security checks, includes evaluation of competence, physical and emotional fitness, and availability of a suitable position at such time as employment may be offered. This is called "Clearance" of an applicant.

2. This comprehensive review may result in a determination that an applicant is not acceptable under the special employment criteria of the Agency. Frequently, such determination would not be the result of any single event or element in the applicant's personal background or qualifications but would reflect the composite results of the several evaluations involved. In any event, adverse findings by the Agency are conclusive and final so far as the Agency is concerned, and no statement of specific reasons is made to the applicant.

3. It should be understood by each applicant that appointments are extremely competitive and that not everyone who is investigated is finally employed. Employment by the Central Intelligence Agency is not a right upon which an applicant can insist. An offer of employment which is subject to full clearance does not constitute a commitment on the Agency's part giving an unsuccessful applicant grounds for any claim against the Agency. Acceptance of employment upon the condition of clearance is at the applicant's risk, taken with the knowledge that a very substantial percentage of applicants are not appointed.

Statement of Understanding  
and Agreement

I have read, understand, and agree to the foregoing General Considerations. If not accepted for employment by the Central Intelligence Agency, I will make no claim or demand in conflict with those considerations.

I have also seen and read Applicant Information Sheet No. 2.

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(Signature of Applicant)

**CENTRAL INTELLIGENCE AGENCY**

WASHINGTON, D. C. 20505

Applicant Information  
Sheet No. 2

1. In accordance with its special national responsibilities, the Central Intelligence Agency is obliged to judge carefully the suitability of each person selected for employment in the Agency. To assist in this determination, an extensive investigation, which includes a polygraph interview, is conducted with regard to the loyalty, background, and character of applicants under consideration for employment with the Agency. This investigation includes, but is not limited to, inquiries concerning:

- a. professional competence
- b. any behavior, activities or associations which tend to show that the individual is of questionable character, discretion, integrity or trustworthiness
- c. any deliberate misrepresentations, falsifications, or omission of material facts
- d. any criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct, habitual use of intoxicants to excess, drug addiction, or sexual perversion
- e. physical fitness
- f. an adjudication of insanity, serious mental illnesses, neurological disorders, or emotional instability
- g. any facts which furnish reason to believe that the individual may be subjected to coercion, influence, or pressure which may cause him to act contrary to the best interests of the national security
- h. commission of any act of sabotage, espionage, treason, or sedition, or attempts thereat or preparation therefor, or conspiring with, or aiding or abetting, another to commit or attempt to commit any act of sabotage, espionage, treason, or sedition
- i. establishing or continuing a sympathetic association with a saboteur, spy, traitor, seditionist, anarchist, or revolutionist,

(over)

or with an espionage or other secret agent or representative of a foreign nation, or any representative of a foreign nation whose interests may be inimical to the interests of the United States, or with any person who advocates the use of force or violence to overthrow the government of the United States or the alteration of the form of government of the United States by unconstitutional means

- j. advocacy of use of force or violence to overthrow the government of the United States, or of the alteration of the form of government of the United States by unconstitutional means
  - k. membership in, or affiliation or sympathetic association with, any foreign or domestic organization, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means
  - l. intentional, unauthorized disclosure to any person of security information, or of other information, disclosure of which is prohibited by law, or willful violation or disregard of security regulations
  - m. performing or attempting to perform his duties, or otherwise acting, so as to serve the interests of another government in preference to the interests of the United States
2. In considering applicants for employment, Central Intelligence Agency standards oblige strict interpretation of the above and other factors involved in selecting employees. In the event an applicant is in doubt as to whether anything in his background may disqualify him, he is at liberty to consult a Security, Medical or Personnel Officer of the Agency and discuss the matter in strict confidence before proceeding with his application.

**PERSONAL HISTORY STATEMENT****INSTRUCTIONS****-DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS-**

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully—**USE BLACK TYPEWRITER RIBBON OR BLACK INK.**
3. Leave blank any boxes or columns which are marked "FOR OFFICE USE ONLY".
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

**SECTION I****GENERAL PERSONAL AND PHYSICAL DATA**

1. Full Name (Last-first-middle)		2. Age	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Social security number	
5. Nicknames		6. Other names you have used			
7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above					
8. If legal change of name, give particulars (Where and by what authority)					
9. Height	10. Weight	11. Color of eyes	12. Color of hair	13. Type of complexion	14. Build
15. Scars (Type and location)			16. Other distinguishing physical features		
17. Current address (No., Street, City, State & ZIP code—country if not U.S.)				18. Current phone number	19. Long distance area code
20. Permanent address (No., Street, City, State & ZIP code—country if not U.S.)				21. Permanent phone number	22. Long distance area code
23. Office phone number		24. Office extension		25. Legal residence (State, territory or country)	

**SECTION II****POSITION DATA**

1. Indicate the type of work or position for which you are applying								
2. Indicate the lowest annual entrance salary you will accept \$ _____								
3. Dates available for employment Earliest: _____ Latest: _____								
4. Indicate your willingness to travel <table border="1" style="float: left; margin-right: 10px;"> <tr><td>Occasionally</td></tr> <tr><td>Frequently</td></tr> <tr><td>Constantly</td></tr> </table> Other (Specify): _____						Occasionally	Frequently	Constantly
Occasionally								
Frequently								
Constantly								
5. Indicate your willingness to accept assignment in the following locations—check (X) each item applicable <table border="1" style="float: left; margin-right: 10px;"> <tr><td>Washington, D.C.</td></tr> <tr><td>Anywhere in U.S.</td></tr> </table> Outside continental U.S. Certain locations only (Specify): _____						Washington, D.C.	Anywhere in U.S.	
Washington, D.C.								
Anywhere in U.S.								
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area								
(For Office Use Only)								
Date of this application								

**SECTION III**

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<b>CITIZENSHIP</b>	1. Date of birth	2. Place of birth (City, State, Country)	3. Present citizenship (Country)	
	4. Citizenship acquired by:	<input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> Other (Specify):	5. Date naturalized	6. Naturalization certificate number
	7. Court issuing naturalization certificate	8. Issued at (City, State, Country)		
	9. If alien, give alien registration number	10. Date and place of arrival in U.S.		
	11. Have you held previous nationality?	12. If yes, give name of country		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	13. Give particulars concerning previous nationalities			
	14. Last U.S. visa (Number, type, place of issue)			15. Date visa issued

**SECTION IV****EDUCATION****ELEMENTARY SCHOOL**

1. Name of elementary school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HIGH SCHOOLS</b>			
1. Name of high school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of high school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

**COLLEGE OR UNIVERSITY STUDY**

Name and location of college or university	Subject		Years attended From — to —	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							

4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.

**TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS**

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
4.				

Approved For Release 2002/01/08 : CIA RDP79-00632A000100070010-2

## EDUCATION

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

EDUCATION (Continued)

## MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				

Other education or training not indicated above

## SECTION V

## FOREIGN LANGUAGE ABILITIES

1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered.

If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.

If you have no proficiency in any foreign language, check (X) box at right and →  leave other items blank.

Level of Skill				
(Slight)	1	2	3	4 (Native) 5
0 = No proficiency in a specific skill factor				
SKILL FACTORS				
Reading comprehension	Writing ability	Pronunciation	Conversational ability	Oral comprehension
Native of country	Prolonged residence	Contact (with parents, etc.)	Academic study	

2. If you have had experience as a translator, interpreter or instructor—explain and specify in which language(s) you have had such experience.

3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields.

4. If you have noted a proficiency in language, would you be willing to use this ability →  Yes       No  
in any position for which you might be selected?

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**SECTION VI****Approved For Release 2002/01/08 : CIA RDP79-00632A000100070010-2**

List below any foreign regions or countries in which you have traveled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as terrain, harbors, industries, utilities, railroads, political parties, etc.

GEOGRAPHIC AREA KNOWLEDGE AND FOREIGN TRAVEL	Name of Region or Country	Type of Specialized Knowledge	Dates of Travel or Residence	Dates & Place of Study	Knowledge acquired by—Check (X)			
					Resi- dence	Travel	Study	Work Assign- ment

2. Indicate the purpose of visit, residence or travel in each of the regions or countries listed above

3. United States Passport Number & Expiration Date, if issued →

**SECTION VII****TYPING AND STENOGRAPHIC SKILLS**

1. Typing (WPM)	2. Shorthand (WPM)	3. Indicate shorthand system used—check (X) appropriate item: <input type="checkbox"/> Gregg <input type="checkbox"/> Speedwriting <input type="checkbox"/> Stenotype <input type="checkbox"/> Other—Specify: _____
4. Indicate other business machines with which you have had operating experience or training (comptometer, mimeograph, card punch, etc.)		

**SECTION VIII****SPECIAL QUALIFICATIONS**

1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each.	
2. Indicate any special qualifications resulting from experience or training which might fit you for a particular position or type of work.	
3. Excluding business equipment or machines which you may have listed in Item 4, section VII, list any special skills you possess relating to other equipment and machines such as operation of radio transmitters (indicate CW speed, sending & receiving), offset press, turret lathe, EDP and other scientific & professional devices.	
4. Are you now or have you ever been a licensed or certified member of any trade or profession such as pilot, electrician, radio operator, teacher, lawyer, CPA, medical technician, psychologist, physician, etc.? → <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. If you have answered "Yes" to Item 4 above, Indicate kind of license or certification and the issuing State, municipality, etc. (Provide license registry number, if known)	
6. First License/Certificate (year of issue)	
7. Latest License/Certificate (year of issue)	
8. List any significant published materials of which you are the author (do NOT submit copies unless requested). Indicate the title, publication date, and type of writing (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)	
9. Indicate any devices which you have invented and state whether or not they are patented.	
10. List public speaking and public relations experience.	
11. List any honorary associations or societies of which you are now or were formerly a member. List academic honors you have received.	

**SECTION IX****MILITARY SERVICE****CURRENT DRAFT STATUS**

1. Are you registered for the Draft under the Universal Military Training & Service Act, as amended?	<input type="checkbox"/> Yes	2. Selective Service classification	3. If deferred, give reason
	<input type="checkbox"/> No		

4. Local Selective Service Board Number and Address

**MILITARY SERVICE RECORD**

Complete the following items for current and/or past active duty military service with the Army, Navy, Air Force, Marine Corps, Coast Guard, Merchant Marine, National Guard, Air National Guard, or foreign (non-U.S.) military organization. For foreign military organization, specify both nationality and organization in item 1 below.

1. Military organization (Army, Navy, etc.—specify)	2. Branch or Corps	3. Dates of service (extended active duty) From— To—	
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below)

B. Brief description of military duties (record the duties and skills which best describe your work or function in the military service)

(1)

1. Military organization (Army, Navy, etc.—specify)	2. Branch or Corps	3. Dates of service (extended active duty) From— To—	
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below)

(2)

8. Brief description of military duties

Types of separation from active duty—record applicable number in item(s) 7 above	1—Honorable discharge 2—Release to inactive duty 3—Retirement for age	4—Retirement for service 5—Retirement for combat disability 6—Retirement for physical disability	7—Undue hardships —Other—specify in item 7 in lieu of number
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**MILITARY RESERVE, NATIONAL GUARD & R.O.T.C. STATUS**

Complete the following items if (1) you now have reserve status, (2) you are a member of the National Guard or Air National Guard, or (3) you are a member of the ROTC.

Check (X) Reserve, Guard or ROTC organization to which you belong	Army	Marine Corps	National Guard	Coast Guard	Navy ROTC
	Navy	Air Force	Air Nat'l Guard	Army ROTC	Air Force ROTC

1. Current rank, grade or rate

2. Date of appointment in current rank

3. Expiration date of current reserve obligation

4. Check (X) current reserve category

 Ready Reserve     Standby (active)     Standby (inactive)     Retired

5. Brief description of military reserve duties (record the duties and skills which best describe your work or function in the military service)

6. If you are currently assigned to a Reserve, National Guard, or ROTC Training Unit, identify the unit and its address

7. If you have a military mobilization assignment, identify the unit and its address

## SECTION X

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<p><b>NOTE: LIST LAST POSITION FIRST.</b> Indicate chronological history of employment for past 15 years, starting with current or most recent position. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign government, regardless of dates. In completing item 10, "description of duties", consider your experience carefully and provide meaningful, objective statements.</p>																																																																															
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## EMPLOYMENT HISTORY

## EMPLOYMENT HISTORY (Continued)

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

10. Description of duties	
(4) 11. Reasons for leaving	
1. Inclusive dates (From— to — by month & year)	2. Name of employing firm or agency
3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3
5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female
(5) 7. Title of job	8. Salary or earnings \$ _____ per _____
10. Description of duties	9. Class; grade if Federal Service
11. Reasons for leaving	
1. Inclusive dates (From— to — by month & year)	2. Name of employing firm or agency
3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3
5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female
(6) 7. Title of job	8. Salary or earnings \$ _____ per _____
10. Description of duties	9. Class; grade if Federal Service
11. Reasons for leaving	
1. Inclusive dates (From— to — by month & year)	2. Name of employing firm or agency
3. Address (Number, Street, City, State, Country)	4. Indicate specific area or place of employment if other than address noted in item 3
5. Kind of business	6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female
(7) 7. Title of job	8. Salary or earnings \$ _____ per _____
10. Description of duties	9. Class; grade if Federal Service
11. Reasons for leaving	

If prior service with the Federal Government is noted above, indicate the number of years creditable toward U.S. Civil Service Retirement, if known. → \_\_\_\_\_

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**SECTION XIII****FATHER** (Give same information for stepfather and/or guardian on a separate sheet)

1. Full name (Last—First—Middle)			
2. State other names he has used			
<p><b>Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.</b></p>			
3. Date of birth	4. Place of birth (City, State, Country)	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)			
16. Occupation		17. Present employer (Give last employer if father deceased or unemployed)	
18. Employer's business address or father's business address if self-employed			
19. Dates of military service (From — to —)		20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign			

**SECTION XIV****MOTHER** (Give same information for stepmother on a separate sheet)

1. Full name (Last—First—Middle—Maiden)			
2. State other names she has used			
<p><b>Indicate circumstances (including length of time) under which any names noted in Item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.</b></p>			
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)			
16. Occupation		17. Present employer (Give last employer if mother deceased or unemployed)	
18. Employer's business address or mother's business address if self-employed			
19. Dates of military service (From — to —)		20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign			

**SECTION XV****APPENDIX B** **BROTHERS AND SISTERS** **Form 10-2** **Approved for Release 2002/01/08 : CIA-RDP79-00632A000100070010-2****BROTHERS AND SISTERS**

1. Full name (Last—First—Middle—Maiden)			2. Relationship	3. Citizenship (Country)
(1) 4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		
1. Full name (Last—First—Middle—Maiden)			2. Relationship	3. Citizenship (Country)
(2) 4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		
1. Full name (Last—First—Middle—Maiden)			2. Relationship	3. Citizenship (Country)
(3) 4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		
1. Full name (Last—First—Middle—Maiden)			2. Relationship	3. Citizenship (Country)
(4) 4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		
1. Full name (Last—First—Middle—Maiden)			2. Relationship	3. Citizenship (Country)
(5) 4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		
1. Full name (Last—First—Middle—Maiden)			2. Relationship	3. Citizenship (Country)
(6) 4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Present employer (Give last employer if deceased or unemployed)		8. Current address (Give last address, if deceased)		

**SECTION XVI****FATHER-IN-LAW** (If marriage contemplated, fill in information for future father-in-law)

1. Full name (Last—First—Middle)				
2. State other names he has used				
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.				
3. Date of birth		4. Place of birth		5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death		7. Cause of death		8. Citizenship (Country)
9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired		11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number		14. Date and place of arrival in U.S.
15. Occupation		16. Present employer (Give last employer if father-in-law deceased or unemployed)		
17. Current address (Give last address, if deceased)				

(For Office Use Only)

**SECTION XVII**

**MOTHER-IN-LAW** (If marriage contemplated, fill in information for future mother-in-law)

<b>MOTHER-IN-LAW</b>	1. Full name (Last—First—Middle—Maiden)			
	2. State other names she has used			
	Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.			
	3. Date of birth	4. Place of birth	5. Living	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6. Date of death	7. Cause of death	8. Citizenship (Country)	
	9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
	12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
	15. Occupation		16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
	17. Current address (Give last address, if deceased)			

**SECTION XVIII**

**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD,  
(2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT**

<b>RELATIVES WITH FOREIGN CONNECTIONS</b>	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
	(1) 5. Citizenship (Country)		6. Address or country in which relative resides			
	7. Employed by			8. Frequency of contact		9. Date of last contact
	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
	(2) 5. Citizenship (Country)		6. Address or country in which relative resides			
	7. Employed by			8. Frequency of contact		9. Date of last contact
	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
	(3) 5. Citizenship (Country)		6. Address or country in which relative resides			
	7. Employed by			8. Frequency of contact		9. Date of last contact

**SECTION XIX**

**RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL SERVICE OF THE UNITED STATES**

<b>RELATIVES IN THE SERVICE OF THE UNITED STATES</b>	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
	(1) 5. Citizenship (Country)		6. Address (Number, Street, City, State, Country)			
	7. Type and location of service (if known)					
	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
	(2) 5. Citizenship (Country)		6. Address (Number, Street, City, State, Country)			
	7. Type and location of service (if known)					
	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)	
	(3) 5. Citizenship (Country)		6. Address (Number, Street, City, State, Country)			
	7. Type and location of service (if known)					

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SECTION XX

Approved BY THE BUREAU OF INVESTIGATION FOR DATE 9-10-63 AGENCIAL NO 00070010-2

**Include addresses while at school and in military service. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city, state, and country.**

Address—last residence first (number, street, city, state, country)	Inclusive dates (month & year)	
From—	To—	

## **SECTION XXI**

## **REFERENCES**

1. List five character references (not relatives) in the U.S. who know you well

Name (Last—First—Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

2. List five persons in the U.S. who know you socially (not relatives, supervisors or employers). If you have resided overseas at any time during the past 15 years, two of the persons listed (if possible) should be individuals who knew you overseas.

Name (Last—First—Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

**SECTION XXII****CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS**

**NOTE:** List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (include membership in, or support of, any organization having headquarters or branch in a foreign country).

Name and chapter	Address (Number, Street, City, State, Country)	Date of membership (From)	Date of membership (To)

**SECTION XXIII****FINANCIAL STATUS**

1. Are you entirely dependent on your salary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If your answer is "NO" to the above, state sources of other income	
3. Credit references (banking institutions, charge accounts, etc.)	
Name of institution	Address (City, State, Country)
4. Have you ever been in, or petitioned for, bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If your answer is "YES" to the above, give particulars, including court and date(s)	
6. Do you receive an annuity from the United States or District of Columbia Government under any retirement act, pension, or compensation for military or naval service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. If your answer is "YES" to the above question, give complete details	
8. Do you have any financial interest in, or official connections with, non-U.S. corporations or businesses or with U.S. corporations or businesses having substantial foreign interests?	<input type="checkbox"/> Yes <input type="checkbox"/> No    (If answer is "YES", furnish details in space below—Continue on separate sheet, if necessary)

**SECTION XXIV****PERSONAL DECLARATIONS**

1. Do you advocate or have you ever advocated, or are you now or have you ever been a member of, or have you ever supported or been associated with any political party, individual or organization which advocates or teaches the overthrow of the government of the United States by force, violence, or other unconstitutional means, or seeks by force or violence to deny persons their rights under the Constitution of the United States?     Yes     No
2. If you have answered "YES" to the question above, explain.

**PERSONAL DECLARATIONS**

**PERSONAL DECLARATIONS****EMERGENCY****CERTIFICATION****Approved For Release 2002/01/0814GIA-RDP79-00632A000100070010-2 PERSONAL DECLARATIONS (Continued)**

3. Do you use or have you ever used intoxicants?	<input type="checkbox"/> Yes	4. If so, to what extent?
	<input type="checkbox"/> No	
5. Do you use or have you ever used narcotics?	<input type="checkbox"/> Yes	6. If so, to what extent?
	<input type="checkbox"/> No	
7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? If answer is "Yes", give complete details:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
B. List the names of Government departments, agencies or offices to which you have applied for employment since 1955.		
9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.		
<b>Note Special Instructions</b>	If your answer is "Yes" to the following questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.	
10. Have you ever been convicted in the U. S. or abroad of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit traffic violations for which you paid a fine of \$30.00 or less.) If so, state name of court, city, state, country, date, nature of offense, and disposition of case in accordance with special instructions above.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
11. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with instructions above.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above.		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Have you ever been dismissed or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you left a position under circumstances which you desire to explain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. If your answer to either or both questions in Item 13 above is "Yes," give details.		

**SECTION XXV****PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY**

1. Name (Last—First—Middle)	2. Relationship
3. Home address (Number, Street, City, State, ZIP Code)	4. Home telephone number
5. Business address (Number, Street, City, State, ZIP Code)—indicate name of firm or employer, if applicable	6. Business telephone number & extension
7. In case of emergency, other close relatives (spouse, mother, father . . .) may also be notified. If such notification is NOT desirable because of health or other reasons, please identify the persons not to be notified and the reason.	

**SECTION XXVI****CERTIFICATION**

**YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED**

I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal if employed. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. Date of signatures	2. Signature of applicant
3. Signed at (City and State)	4. Signature of witness to identify applicant

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Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

Space for extra details (Continued) — Reference each continued item by section and item number.  
Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

(Signature)

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[Type or print  
carefully—use black ink]

## PERSONAL HISTORY SUMMARY

<b>(For office use only)</b>		<b>(For office use only)</b>	
<b>Applicant</b>	1. Full name (Last—First—Middle)      2. Date of birth      3. Place of birth  4. Other names used (including maiden name) (Last—First—Middle)      5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.)		
	6. Name of spouse (Last—First—Middle—Maiden)      7. Date of birth      8. Place of birth (spouse)  9. Date & place of marriage      10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.)  11. Former spouse(s)—full name(s)      12. If divorced, date & place of divorce		
<b>Marital Status</b>	13. Complete following for high school, trade, commercial & specialized schools (Exclude military training); colleges & universities: Dates attended (From — To —)      Name & address of school      Degree received      Major subject		
	14. Complete following for last three employment positions or last two years—begin with most recent or current position: Dates employed (From — To —)      Name & address of employer      Employer's complete business address		
<b>Education</b>	15. Record last three places of residence or places of residence for past two years—begin with most recent or current address: Dates resided (From — To —)      Complete address (Number, Street, City, State)		
	16. Military service organization (Army, Navy, etc.—specify)      17. Serial number      18. Rank, grade or rate      19. Dates of service (From — To —)  (1)      (2)		
<b>Military</b>	20. Military service organization (Army, Navy, etc.—specify)      21. Serial number      22. Rank, grade or rate      23. Dates of service (From — To —)		
	24. Father's full name (Last—First—Middle)      25. Date of birth      26. Place of birth (Father)  27. Father's current address (Number, Street, City, State)      28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.)		
<b>Parents</b>	29. Mother's full name (Last—First—Middle—Maiden)      30. Date of birth      31. Place of birth (Mother)  32. Mother's current address (Number, Street, City, State)      33. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)		

**PERSONAL HISTORY STATEMENT****INSTRUCTIONS****- DO NOT ATTEMPT TO COMPLETE THIS FORM UNTIL YOU HAVE READ THE FOLLOWING INSTRUCTIONS -**

1. Answer all questions completely or check (X) the box which applies. If the question is not applicable, write "NA". If you do not know the answer and it cannot be obtained from personal records, write "Unknown". Use the blank space on pages 15 and 16 for extra details on any question for which you do not have enough space.
2. Type or print carefully—**USE BLACK TYPEWRITER RIBBON OR BLACK INK.**
3. Leave blank any boxes or columns which are marked "**FOR OFFICE USE ONLY**".
4. Consider each of your answers carefully; accurate completion of the form will permit review of your qualifications to the best advantage. Your signature at the end of the form will certify to its correctness.
5. Page 17 entitled "Personal History Summary" must be completed. It is a brief abstract of information from other parts of the form and will help to speed the processing of your application.

**SECTION I****GENERAL PERSONAL AND PHYSICAL DATA**

1. Full Name (Last-first-middle)		2. Age	3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Social security number
5. Nicknames		6. Other names you have used		
7. Indicate circumstances (including length of time) under which you have used the names noted in item 6 above				
8. If legal change of name, give particulars (Where and by what authority)				
9. Height	10. Weight	11. Color of eyes	12. Color of hair	13. Type of complexion
15. Scars (Type and location)		16. Other distinguishing physical features		
17. Current address (No., Street, City, State & ZIP code—country if not U.S.)			18. Current phone number	19. Long distance area code
20. Permanent address (No., Street, City, State & ZIP code—country if not U.S.)			21. Permanent phone number	22. Long distance area code
23. Office phone number		24. Office extension	25. Legal residence (State, territory or country)	

**SECTION II****POSITION DATA**

1. Indicate the type of work or position for which you are applying							
2. Indicate the lowest annual entrance salary you will accept \$ _____		3. Dates available for employment Earliest: _____ Latest: _____					
4. Indicate your willingness to travel <table border="1" style="float: left; margin-right: 10px;"> <tr><td>Occasionally</td></tr> <tr><td>Frequently</td></tr> <tr><td>Constantly</td></tr> </table> Other (Specify): _____		Occasionally	Frequently	Constantly	5. Indicate your willingness to accept assignment in the following locations—check (X) each item applicable <table border="1" style="float: left; margin-right: 10px;"> <tr><td>Washington, D.C.</td></tr> <tr><td>Anywhere in U.S.</td></tr> </table> Outside continental U.S.    Certain locations only (Specify): _____	Washington, D.C.	Anywhere in U.S.
Occasionally							
Frequently							
Constantly							
Washington, D.C.							
Anywhere in U.S.							
6. Indicate any restrictions you would place on assignments outside the Washington, D.C. area							
(For Office Use Only)		Date of this application					

**SECTION III****CITIZENSHIP**

1. Date of birth	2. Place of birth (City, State, Country)	3. Present citizenship (Country)
4. Citizenship <input type="checkbox"/> Birth <input type="checkbox"/> Marriage acquired by: <input type="checkbox"/> Other (Specify):	5. Date naturalized	6. Naturalization certificate number
7. Court issuing naturalization certificate	8. Issued at (City, State, Country)	
9. If alien, give alien registration number	10. Date and place of arrival in U.S.	
11. Have you held previous nationality? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. If yes, give name of country	
13. Give particulars concerning previous nationalities		
14. Last U.S. visa (Number, type, place of issue)		15. Date visa issued

**SECTION IV****EDUCATION****ELEMENTARY SCHOOL**

1. Name of elementary school.	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>HIGH SCHOOLS</b>			
1. Name of high school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Name of high school	Address (City, State, Country)	Years attended (From — to —)	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

**COLLEGE OR UNIVERSITY STUDY**

Name and location of college or university	Subject		Years attended From— to —	Degree Received	Year Received	Grade or Point Average	Number of Sem./Qtr. Hours (Specify)
	Major	Minor					
1.							
2.							
3.							

4. If a graduate degree has been noted above which required submission of a written thesis, indicate the title of the thesis and briefly describe its content.

**TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS**

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				
4.				

## EDUCATION

## FOREIGN LANGUAGE ABILITY

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**MILITARY TRAINING IN SPECIALIZED SCHOOLS SUCH AS ORDNANCE, COMMUNICATIONS, ETC.**

Name and address of school	Study or specialization	From	To	No. of months
1.				
2.				
3.				

Other education or training not indicated above

**SECTION V****FOREIGN LANGUAGE ABILITIES**

1. List below the foreign language or languages in which you possess any degree of competence. Indicate your proficiency in each of the five skill factors shown (reading comprehension, writing ability, etc.) by noting the number most indicative of your level of skill under the factor being considered.

If your proficiency relates to a particular dialect of a major language, identify this dialect by noting it in parentheses after the language on the same line.

If you have no proficiency in any foreign language, check (X) box at right and →

Level of Skill				
(Slight)	1	2	3	4 (Native) 5
0 = No proficiency in a specific skill factor				
SKILL FACTORS				
Reading comprehension	Writing ability	Pronunciation	Conversational ability	Oral comprehension
Native of country	Prolonged residence	Contact (with parents, etc.)	Academic study	

2. If you have had experience as a translator, interpreter or instructor—explain and specify in which language(s) you have had such experience.

3. Describe your ability to do specialized language work involving vocabularies and terminology in the scientific, engineering, telecommunications, military and other specialized fields.

4. If you have noted a proficiency in language, would you be willing to use this ability →  Yes     No  
in any position for which you might be selected?

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Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

**SECTION VI**Approved ~~GEOPHYSICAL AREA 2 KNOWLEDGE AND FOREIGN TRAVEL~~ 00070010-2**GEOGRAPHIC AREA KNOWLEDGE  
AND FOREIGN TRAVEL**

List below any foreign regions or countries in which you have traveled or gained knowledge as a result of residence, study or work assignment. Indicate type of knowledge such as terrain, harbors, industries, utilities, railroads, political parties, etc.

1. Name of Region or Country	Type of Specialized Knowledge	Dates of Travel or Residence	Dates & Place of Study	Knowledge acquired by—Check (X)			
				Resi- dence	Travel	Study	Work Assign- ment

2. Indicate the purpose of visit, residence or travel in each of the regions or countries listed above

3. United States Passport Number &amp; Expiration Date, if issued →

**SECTION VII****TYPING AND STENOGRAPHIC SKILLS****TYPING  
STENO**

1. Typing (WPM)	2. Shorthand (WPM)	3. Indicate shorthand system used—check (X) appropriate item: <input type="checkbox"/> Gregg <input type="checkbox"/> Speedwriting <input type="checkbox"/> Stenotype <input type="checkbox"/> Other—Specify: _____
4. Indicate other business machines with which you have had operating experience or training (comptometer, mimeograph, card punch, etc.)		

**SECTION VIII****SPECIAL QUALIFICATIONS****SPECIAL QUALIFICATIONS**

1. List all hobbies and sports in which you are active or have actively participated. Indicate your proficiency in each.

2. Indicate any special qualifications resulting from experience or training which might fit you for a particular position or type of work.

3. Excluding business equipment or machines which you may have listed in Item 4, section VII, list any special skills you possess relating to other equipment and machines such as operation of radio transmitters (indicate CW speed, sending &amp; receiving), offset press, turret lathe, EDP and other scientific &amp; professional devices.

4. Are you now or have you ever been a licensed or certified member of any trade or profession such as pilot, electrician, radio operator, teacher, lawyer, CPA, medical technician, psychologist, physician, etc.? →  Yes    No

5. If you have answered "Yes" to Item 4 above, Indicate kind of license or certification and the issuing State, municipality, etc. (Provide license registry number, if known)

6. First License/Certificate (year of issue)

7. Latest License/Certificate (year of issue)

8. List any significant published materials of which you are the author (do NOT submit copies unless requested). Indicate the title, publication date, and type of writing (non-fiction or scientific articles, general interest subjects, novels, short stories, etc.)

9. Indicate any devices which you have invented and state whether or not they are patented.

10. List public speaking and public relations experience.

11. List any honorary associations or societies of which you are now or were formerly a member. List academic honors you have received.

**SECTION IX****MILITARY SERVICE**

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

1. Are you registered for the Draft under the Universal Military Training & Service Act, as amended?	<input type="checkbox"/>	Yes	2. Selective Service classification	3. If deferred, give reason
	<input type="checkbox"/>	No		

4. Local Selective Service Board Number and Address

**MILITARY SERVICE RECORD**

Complete the following items for current and/or past active duty military service with the Army, Navy, Air Force, Marine Corps, Coast Guard, Merchant Marine, National Guard, Air National Guard, or foreign (non-U.S.) military organization. For foreign military organization, specify both nationality and organization in Item 1 below.

1. Military organization (Army, Navy, etc.—specify)	2. Branch or Corps	3. Dates of service (extended active duty) From — To —	
4. Status (Regular, Reserve, etc.—specify)	5. Rank, grade or rate (at separation if past service)	6. Serial, service or file number	7. Type of separation from active duty (insert number for type which applies—see list below)
B. Brief description of military duties (record the duties and skills which best describe your work or function in the military service)			
(1)			
B. Brief description of military duties			
(2)			

Types of separation from active duty—record applicable number in item(s) 7 above	1—Honorable discharge 2—Release to inactive duty 3—Retirement for age	4—Retirement for service 5—Retirement for combat disability 6—Retirement for physical disability	7—Undue hardships —Other—specify in item 7 in lieu of number
--	---	--	---

**MILITARY RESERVE, NATIONAL GUARD & R.O.T.C. STATUS**

Complete the following items if (1) you now have reserve status, (2) you are a member of the National Guard or Air National Guard, or (3) you are a member of the ROTC.

Check (X) Reserve, Guard or ROTC organization to which you belong	Army	Marine Corps	National Guard	Coast Guard	Navy ROTC
	Navy	Air Force	Air Nat'l Guard	Army ROTC	Air Force ROTC
1. Current rank, grade or rate	2. Date of appointment in current rank			3. Expiration date of current reserve obligation	
4. Check (X) current reserve category	<input type="checkbox"/> Ready Reserve	<input type="checkbox"/> Standby (active)	<input type="checkbox"/> Standby (inactive)	<input type="checkbox"/> Retired	
5. Brief description of military reserve duties (record the duties and skills which best describe your work or function in the military service)					
6. If you are currently assigned to a Reserve, National Guard, or ROTC Training Unit, identify the unit and its address			7. If you have a military mobilization assignment, identify the unit and its address		

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

## SECTION X

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

NOTE: LIST LAST POSITION FIRST. Indicate chronological history of employment for past 15-years, starting with current or most recent position. Account for all periods including casual employment and all periods of unemployment. Give address and state what you did during periods of unemployment. List all civilian employment by a foreign government, regardless of dates. In completing item 10, "description of duties", consider your experience carefully and provide meaningful, objective statements.

EMPLOYMENT HISTORY				
1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency		
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3		
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female		
(1)	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service	
10. Description of duties				
11. Reasons for leaving				
1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency		
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3		
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female		
(2)	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service	
10. Description of duties				
11. Reasons for leaving				
1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency		
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3		
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female		
(3)	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service	
10. Description of duties				
11. Reasons for leaving				
1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency		
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3		
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female		
(4)	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service	

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

## EMPLOYMENT HISTORY

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2  
EMPLOYMENT HISTORY (Continued)

10. Description of duties			
(4)			
11. Reasons for leaving			
1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
(5)	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
10. Description of duties			
11. Reasons for leaving			
1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
(6)	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
10. Description of duties			
11. Reasons for leaving			
1. Inclusive dates (From— to— by month & year)		2. Name of employing firm or agency	
3. Address (Number, Street, City, State, Country)		4. Indicate specific area or place of employment if other than address noted in item 3	
5. Kind of business		6. Name of supervisor <input type="checkbox"/> Male <input type="checkbox"/> Female	
(7)	7. Title of job	8. Salary or earnings \$ _____ per _____	9. Class; grade if Federal Service
10. Description of duties			
11. Reasons for leaving			

If prior service with the Federal Government is noted above, indicate the number of years creditable → \_\_\_\_\_

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Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

**SECTION XI**

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

<b>MARITAL STATUS</b>				
1. Present status (Single, married, widowed, separated, divorced, annulled, remarried) specify →				
2. State date, place, and reason for all separation, divorces or annulments				
Wife, husband or fiance(e)	If you have been married more than once (including annulments) use separate sheet for former wife or husband giving data required below for all previous marriages. If marriage contemplated, fill in appropriate information for fiance(e).			
3. Name of spouse	(Last)	(First)	(Middle)	(Maiden)
4. State any other names ever used by spouse				
Indicate circumstances (including length of time) under which any names noted in Item 4 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.				
5. Date of birth	6. Place of birth (City, State, Country)			7. Date of marriage
8. Place of marriage (City, State, Country)				9. Living <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Citizenship	11. Former citizenship(s) [country(ies)]			12. If alien, give alien registration number
13. Date U.S. citizenship acquired	14. Where acquired	15. Date and place of arrival in U.S.	16. Naturalization certificate number	
17. Date of death	18. Cause of death			
19. Current address (Give last address, if deceased)		20. Address of spouse before marriage		
21. Occupation		22. Present employer (Also give former employer, or if spouse deceased or unemployed, give last two employers)		
23. Employer's or business address (Number, Street, City, State, Country)				
24. Dates of military service (From — to — by month & year)	25. Branch of military service		26. Country with which military service affiliated	
27. Details of other government service, U.S. or foreign				

**SECTION XII****CHILDREN AND OTHER DEPENDENTS**

1. Provide the following information for all children and dependents:				
Name	Relationship	Date & Place of Birth	Citizenship	Address
2. No. of children (include stepchildren & adopted children) who are unmarried, under 21 years of age, and are NOT self-supporting. ►		3. No. of other dependents (e.g., spouse, parents, stepparents, etc.) who depend on you for at least 50% of their support or children over 21 NOT self-supporting. ►		

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

**SECTION XIII****FATHER** (Give same information for stepfather and/or guardian on a separate sheet)

1. Full name (Last—First—Middle)			
2. State other names he has used			
<p><b>Indicate circumstances (including length of time) under which any names in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.</b></p>			
3. Date of birth	4. Place of birth (City, State, Country)	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)			
16. Occupation		17. Present employer (Give last employer if father deceased or unemployed)	
18. Employer's business address or father's business address if self-employed			
19. Dates of military service (From — to —)		20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign			

**SECTION XIV****MOTHER** (Give same information for stepmother on a separate sheet)

1. Full name (Last—First—Middle—Maiden)			
2. State other names she has used			
<p><b>Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.</b></p>			
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Current address (Give last address, if deceased)			
16. Occupation		17. Present employer (Give last employer if mother deceased or unemployed)	
18. Employer's business address or mother's business address if self-employed			
19. Dates of military service (From — to —)		20. Branch of military service	21. Country with which affiliated
22. Details of other government service, U.S. or foreign			

**SECTION XV****BROTHERS AND SISTERS** (including half, step, adopted and brother-in-law)  
Approved For Release 2002/01/08 CIA-RDP79-00632A000100070010-2**BROTHERS AND SISTERS**

<b>(1)</b>	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)																																																																																																																										
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										
	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)																																																																																																																										
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										
	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)																																																																																																																										
<b>(2)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	<b>(3)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	<b>(4)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	<b>(5)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	<b>(6)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)	
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										
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	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										
	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)																																																																																																																										
<b>(3)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	<b>(4)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	<b>(5)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	<b>(6)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																														
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										
	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)																																																																																																																										
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										
	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)																																																																																																																										
<b>(4)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	<b>(5)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	<b>(6)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																											
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										
	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)																																																																																																																										
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										
	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)																																																																																																																										
<b>(5)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)		1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)	<b>(6)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																								
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										
	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)																																																																																																																										
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										
	1. Full name (Last—First—Middle—Maiden)		2. Relationship	3. Citizenship (Country)																																																																																																																										
<b>(6)</b>	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																					
	4. Date of birth		5. Place of birth (City, State, Country)		6. Living <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
	7. Present employer (Give last employer if deceased or unemployed)			8. Current address (Give last address, if deceased)																																																																																																																										

**SECTION XVI****FATHER-IN-LAW** (If marriage contemplated, fill in information for future father-in-law)**FATHER-IN-LAW**

1. Full name (Last—First—Middle)			
2. State other names he has used			
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.			
3. Date of birth	4. Place of birth	5. Living <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Date of death	7. Cause of death	8. Citizenship (Country)	
9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Occupation		16. Present employer (Give last employer if father-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)			

(For Office Use Only)

**SECTION XVII****MOTHER-IN-LAW** (If marriage contemplated, fill in information for future mother-in-law)

1. Full name (Last—First—Middle—Maiden)			
2. State other names she has used			
Indicate circumstances (including length of time) under which any names noted in item 2 above were used. If legal change, give particulars (where and by what authority). Use extra space provided on pages 15 and 16 of this form to record this information.			
3. Date of birth	4. Place of birth	5. Living	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Date of death	7. Cause of death	8. Citizenship (Country)	
9. Former citizenship(s) [country(ies)]		10. Date U.S. citizenship acquired	11. Where acquired (City, State, Country)
12. Naturalization certificate number		13. If alien, give alien registration number	14. Date and place of arrival in U.S.
15. Occupation		16. Present employer (Give last employer if mother-in-law deceased or unemployed)	
17. Current address (Give last address, if deceased)			

**SECTION XVIII****RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO EITHER (1) LIVE ABROAD,  
(2) ARE NOT U.S. CITIZENS OR (3) WORK FOR A FOREIGN GOVERNMENT**

(1)	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	5. Citizenship (Country)		6. Address or country in which relative resides		
	7. Employed by		8. Frequency of contact		9. Date of last contact
(2)	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	5. Citizenship (Country)		6. Address or country in which relative resides		
	7. Employed by		8. Frequency of contact		9. Date of last contact
(3)	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	5. Citizenship (Country)		6. Address or country in which relative resides		
	7. Employed by		8. Frequency of contact		9. Date of last contact

**SECTION XIX****RELATIVES BY BLOOD, MARRIAGE OR ADOPTION WHO ARE IN THE MILITARY OR CIVIL  
SERVICE OF THE UNITED STATES**

(1)	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	5. Citizenship (Country)		6. Address (Number, Street, City, State, Country)		
	7. Type and location of service (If known)				
(2)	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	5. Citizenship (Country)		6. Address (Number, Street, City, State, Country)		
	7. Type and location of service (If known)				
(3)	1. Name (Last—First—Middle)		2. Relationship	3. Date of birth	4. Place of birth (City, State, Country)
	5. Citizenship (Country)		6. Address (Number, Street, City, State, Country)		
	7. Type and location of service (If known)				

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**SECTION XX**

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

**RESIDENCES**

Include addresses while at school and in military service. If residences in military service cannot be shown as street addresses, indicate complete military unit designation and location by city, state, and country.

Address — last residence first (number, street, city, state, country)

Inclusive dates (month &amp; year)

From —

To —

**SECTION XXI****REFERENCES****REFERENCES**

1. List five character references (not relatives) in the U.S. who know you well

Name (Last—First—Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

2. List five persons in the U.S. who know you socially (not relatives, supervisors or employers). If you have resided overseas at any time during the past 15 years, two of the persons listed (if possible) should be individuals who knew you overseas.

Name (Last—First—Middle)	Sex	Business Address	Residence Address	Length of Time Known (in yrs)
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			
	M			
	F			

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**SECTION XXII**

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## **CLUBS, SOCIETIES, AND OTHER ORGANIZATIONS**

**NOTE: List names and addresses of all clubs, societies, professional societies, employee groups or organizations of any kind to which you belong or have belonged (Include membership in, or support of, any organization having headquarters or branch in a foreign country).**

**SECTION XXIII**

## **FINANCIAL STATUS**

1. Are you entirely dependent on your salary?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If your answer is "NO" to the above, state sources of other income			
3. Credit references (banking institutions, charge accounts, etc.)			
Name of institution	Address (City, State, Country)		
4. Have you ever been in, or petitioned for, bankruptcy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. If your answer is "YES" to the above, give particulars, including court and date(s)			
6. Do you receive an annuity from the United States or District of Columbia Government under any retirement act, pension, or compensation for military or naval service?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
7. If your answer is "YES" to the above question, give complete details			
8. Do you have any financial interest in, or official connections with, non-U.S. corporations or businesses or with U.S. corporations or businesses having substantial foreign interests?			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
(If answer is "YES", furnish details in space below—Continue on separate sheet, if necessary)			

**SECTION XXIV**

## **PERSONAL DECLARATIONS**

1. Do you advocate or have you ever advocated, or are you now or have you ever been a member of, or have you ever supported or been associated with any political party, individual or organization which advocates or teaches the overthrow of the government of the United States by force, violence, or other unconstitutional means, or seeks by force or violence to deny persons their rights under the Constitution of the United States?  Yes  No

2. If you have answered "YES" to the question above, explain.

**PERSONAL DECLARATIONS****EMERGENCY****CERTIFICATION****Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2 PERSONAL DECLARATIONS (Continued)**

3. Do you use or have you ever used intoxicants?	<input type="checkbox"/> Yes	4. If so, to what extent?
	<input type="checkbox"/> No	
5. Do you use or have you ever used narcotics?	<input type="checkbox"/> Yes	6. If so, to what extent?
	<input type="checkbox"/> No	
7. Have you ever been a member of, or supported, or had any connections with a foreign intelligence organization or its activities? If answer is "Yes", give complete details:		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
8. List the names of Government departments, agencies or offices to which you have applied for employment since 1955.		
9. If to your knowledge, any of the above have conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation.		
<b>Note Special Instructions</b>	If your answer is "Yes" to the following questions 10, 11 or 12, provide the information requested for each question on a separate, signed sheet and attach the sheet to this form in a sealed envelope.	
10. Have you ever been convicted in the U. S. or abroad of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may admit traffic violations for which you paid a fine of \$30.00 or less.) If so, state name of court, city, state, country, date, nature of offense, and disposition of case in accordance with special instructions above.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. While in the military service, were you ever convicted by special or general court martial? If so, describe incident(s) and provide date(s) of occurrence on separate sheet in accordance with instructions above.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Are there any incidents in your life (not mentioned above) which may come to light in subsequent investigation, whether you were directly involved or not, which you desire to explain? If so, describe incident(s) and provide date(s) of occurrence(s) on separate sheet in accordance with special instructions above.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. Have you ever been dismissed or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you left a position under circumstances which you desire to explain? <input type="checkbox"/> Yes <input type="checkbox"/> No		
14. If your answer to either or both questions in item 13 above is "Yes," give details.		

**SECTION XXV****PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY**

1. Name (Last—First—Middle)	2. Relationship
3. Home address (Number, Street, City, State, ZIP Code)	4. Home telephone number
5. Business address (Number, Street, City, State, ZIP Code)—indicate name of firm or employer, if applicable	6. Business telephone number & extension
7. In case of emergency, other close relatives (spouse, mother, father . . .) may also be notified. If such notification is NOT desirable because of health or other reasons, please identify the persons not to be notified and the reason.	

**SECTION XXVI****CERTIFICATION**

**YOU ARE INFORMED THAT THE ACCURACY OF ANY STATEMENT MADE IN THIS APPLICATION WILL BE INVESTIGATED**

I have read and understand the instructions. I certify that the foregoing answers are true and correct to the best of my knowledge and belief. I agree that any misstatement or omission as to material fact will constitute grounds for rejection of my application or for immediate dismissal if employed. I also understand that any false statement made herein may be punishable by law (U.S. Code, Title 18, Section 1001).

1. Date of signatures	2. Signature of applicant
3. Signed at (City and State)	4. Signature of witness to identify applicant

Use the following space for extra details. Reference each continued item by the section and item number to which it relates and sign your name at the end of the material. If additional space is required beyond page 16, use extra pages the same size as this page and sign each such page.

Space for extra details (Continued) - Reference each continued item by section and item number  
Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

(Signature)

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

# PERSONAL HISTORY SUMMARY

Type or print  
carefully—use black ink.

(For office use only)

(For office use only)

Applicant		1. Full name (Last—First—Middle)		2. Date of birth	3. Place of birth
Marital Status		4. Other names used (Including maiden name) (Last—First—Middle)		5. Citizenship (If naturalized, indicate date & place of naturalization & certificate no.)	
Education		6. Name of spouse (Last—First—Middle—Maiden)		7. Date of birth	8. Place of birth (spouse)
Employment		9. Date & place of marriage		10. Citizenship of spouse (If naturalized, indicate date & place of naturalization & certificate no.)	
Residences		11. Former spouse(s)—full name(s)		12. If divorced, date & place of divorce	
13. Complete following for high school; trade, commercial & specialized schools (Exclude military training); colleges & universities:					
Dates attended (From — To —)		Name & address of school		Degree received	Major subject
14. Complete following for last three employment positions or last two years—begin with most recent or current position:					
Dates employed (From — To —)		Name & address of employer		Employer's complete business address	
15. Record last three places of residence or places of residence for past two years—begin with most recent or current address:					
Dates resided (From — To —)		Complete address (Number, Street, City, State)			
Military		16. Military service organization (Army, Navy, etc.—specify)		17. Serial number	18. Rank, grade or rate
Parents		19. Dates of service (From — To —)			
(1)		20. Military service organization (Army, Navy, etc.—specify)		21. Serial number	22. Rank, grade or rate
(2)		23. Dates of service (From — To —)			
24. Father's full name (Last—First—Middle)		25. Date of birth		26. Place of birth (Father)	
27. Father's current address (Number, Street, City, State)		28. Father's citizenship (If naturalized, date & place of naturalization & certificate No.)			
29. Mother's full name (Last—First—Middle—Maiden)		30. Date of birth		31. Place of birth (Mother)	
32. Mother's current address (Number, Street, City, State)		33. Mother's citizenship (If naturalized, date & place of naturalization & certificate No.)			

PERSONAL HISTORY STATEMENT — (Appendix I)

Listed below are names of organizations identified by the Attorney General, under his responsibility pursuant to Executive Order 10450, dated 27 April 1953, to list the names of each foreign or domestic organization, association, movement, group or combination of persons which he designates as Totalitarian, Fascist, Communist, or subversive, or as having adopted or having shown a policy of advocating or approving the commission of acts of force or violence to deny others their rights under the Constitution of the United States, or as seeking to alter the form of government of the United States by unconstitutional means.

Each applicant or employee and spouse (if any) must review the following list of organizations for certification purposes, and sign on the last page.

Abraham Lincoln Brigade	Boston School for Marxist Studies, Boston, Massachusetts
Abraham Lincoln School, Chicago, Illinois	Bridges-Robertson-Schmidt Defense Committee
Action Committee to Free Spain Now	Bulgarian American People's League of the United States of America
Alabama People's Educational Association (see Communist Political Association)	
American Association for Reconstruction in Yugoslavia, Inc.	California Emergency Defense Committee
American Branch of the Federation of Greek Maritime Unions	California Labor School, Inc., 321 Divisadero Street, San Francisco, California
American Christian Nationalist Party	Carpatho-Russian People's Society
American Committee for European Workers' Relief (see Socialist Workers Party)	Central Council of American Women of Croatian Descent, also known as Central Council of American Croatian Women, National Council of Croatian Women
American Committee for Protection of Foreign Born	Central Japanese Association (Belkoku Chuo Nipponjin Kai)
American Committee for Spanish Freedom	Central Japanese Association of Southern California
American Committee for the Settlement of Jews in Birobidjan, Inc.	Central Organization of the German-American National Alliance (Deutsche-Amerikanische Einheitsfront)
American Committee for Yugoslav Relief, Inc.	Cervantes Fraternal Society
American Committee to Survey Labor Conditions in Europe	China Welfare Appeal, Inc.
American Council for a Democratic Greece, formerly known as the Greek American Council; Greek American Committee for National Unity	Chopin Cultural Center
American Council on Soviet Relations	Citizens Committee for Harry Bridges
American Croatian Congress	Citizens Committee of the Upper West Side (New York City)
American Jewish Labor Council	Citizens Committee to Free Earl Browder
American League Against War and Fascism	Citizens Emergency Defense Conference
American League for Peace and Democracy	Citizens Protective League
American National Labor Party	Civil Liberties Sponsoring Committee of Pittsburgh
American National Socialist League	Civil Rights Congress and its affiliated organizations, including: Civil Rights Congress for Texas
American National Socialist Party	Veterans Against Discrimination of Civil Rights Congress of New York
American Nationalist Party	Civil Rights Congress for Texas (see Civil Rights Congress)
American Patriots, Inc.	Columbians
American Peace Crusade	Comite Coordinador Pro Republica Espanola
American Peace Mobilization	Comite Pro Derechos Civiles (See Puerto Rican Comite Pro Libertades Civiles)
American Poles for Peace	Committee for a Democratic Far Eastern Policy
American Polish Labor Council	Committee for Constitutional and Political Freedom
American Polish League	Committee for Nationalist Action
American Rescue Ship Mission (a project of the United American Spanish Aid Committee)	Committee for Peace and Brotherhood Festival in Philadelphia
American-Russian Fraternal Society	Committee for the Defense of the Pittsburgh Six
American Russian Institute, New York, also known as the American Russian Institute for Cultural Relations with the Soviet Union	Committee for the Negro in the Arts
American Russian Institute, Philadelphia	Committee for the Protection of the Bill of Rights
American Russian Institute of San Francisco	Committee for World Youth Friendship and Cultural Exchange
American Russian Institute of Southern California, Los Angeles	Committee to Abolish Discrimination in Maryland
American Slav Congress	(See Congress Against Discrimination; Maryland Congress Against Discrimination; Provisional Committee to Abolish Discrimination in the State of Maryland)
American Women for Peace	Committee to Aid the Fighting South
American Youth Congress	Committee to Defend Marie Richardson
American Youth for Democracy	Committee to Defend the Rights and Freedom of Pittsburgh's Political Prisoners
Armenian Progressive League of America	Committee to Uphold the Bill of Rights
Associated Klans of America	Commonwealth College, Mena, Arkansas
Association of Georgia Klans	Communist Party, U. S. A., its subdivisions, subsidiaries, and affiliates
Association of German Nationals (Reichsdeutsche Vereinigung)	
Ausland-Organization der NEDAP, Overseas Branch of Nazi Party	
Baltimore Forum	
Benjamin Davis Freedom Committee	
Black Dragon Society	

Communist Political Association, its subdivisions, subsidiaries, and affiliates, including:	Independent People's Party (See Independent Party)
Alabama People's Educational Association	Industrial Workers of the World
Florida Press and Educational League	International Labor Defense
Oklahoma League for Political Education	International Workers Order, its subdivisions, subsidiaries and affiliates
People's Educational and Press Association of Texas	Japanese Association of America
Virginia League for People's Education	Japanese Overseas Central Society (Kaigai Dobo Chuo Kai)
Congress Against Discrimination (See Committee to Abolish Discrimination in Maryland)	Japanese Overseas Convention, Tokyo, Japan, 1940
Congress of American Revolutionary Writers	Japanese Protective Association (Recruiting Organization)
Congress of American Women	Jefferson School of Social Science, New York City
Congress of the Unemployed	Jewish Culture Society
Connecticut Committee to Aid Victims of the Smith Act	Jewish People's Committee
Connecticut State Youth Conference	Jewish People's Fraternal Order
Council for Jobs, Relief and Housing	Jikyoku Iinkai (The Committee for the Crisis)
Council for Pan-American Democracy	Johnson-Forest Group (See Johnsonites)
Council of Greek Americans	Johnsonites (See Johnson-Forest Group)
Council on African Affairs	Joint Anti-Fascist Refugee Committee
Croatian Benevolent Fraternity	Joint Council of Progressive Italian-Americans, Inc.
Dai Nippon Butoku Kai (Military Virtue Society of Japan or Military Art Society of Japan)	Joseph Wedemeyer School of Social Science, St. Louis, Missouri
Daily Worker Press Club	Kibei Seinen Kai (Association of U. S. Citizens of Japanese Ancestry who have returned to America after studying in Japan)
Daniels Defense Committee	Knights of the White Camellia
Dante Alighieri Society (between 1935 and 1940)	Ku Klux Klan
Dennis Defense Committee	Kyffhaeuser, also known as Kyffhaeuser League (Kyffhaeuser Bund), Kyffhaeuser Fellowship (Kyffhaeuser Kameradschaft)
Detroit Youth Assembly	Kyffhaeuser War Relief (Kyffhaeuser Kriegshilfswerk)
East Bay Peace Committee	Labor Council for Negro Rights
Elsinore Progressive League	Labor Research Association, Inc.
Emergency Conference to Save Spanish Refugees (founding body of the North American Spanish Aid Committee)	Labor Youth League
Everybody's Committee to Outlaw War	League for Common Sense
Families of the Baltimore Smith Act Victims	League of American Writers
Families of the Smith Act Victims	Lictor Society (Italian Black Shirts)
Federation of Italian War Veterans in the U. S. A., Inc. (Associazione Nazionale Combattenti Italiani, Federazione degli Stati Uniti d'America)	Macedonian-American People's League
Finnish-American Mutual Aid Society	Mario Morgantini Circle
Florida Press and Educational League (see Communist Political Association)	Maritime Labor Committee to Defend Al Lannon
Frederick Douglass Educational Center	Maryland Congress Against Discrimination (See Committee to Abolish Discrimination in Maryland)
Freedom Stage, Inc.	Massachusetts Committee for the Bill of Rights
Friends of the New Germany (Freunde des Neuen Deutschlands)	Massachusetts Minute Women for Peace (not connected with the Minute Women of the U. S. A., Inc.)
Friends of the Soviet Union	Maurice Braverman Defense Committee
Garibaldi American Fraternal Society	Michigan Civil Rights Federation
George Washington Carver School, New York City	Michigan Council for Peace
German-American Bund (Amerikadeutscher Volksbund)	Michigan School of Social Science
German-American Republican League	Nanka Teikoku Gunyudan (Imperial Military Friends Group or Southern California War Veterans)
German-American Vocational League (Deutsche-Amerikanische Berufsgemeinschaft)	National Association of Mexican Americans (also known as Asociacion Nacional Mexico-Americana)
Guardian Club	National Blue Star Mothers of America (not to be confused with the Blue Star Mothers of America organized in February 1942)
Harlem Trade Union Council	National Committee for Freedom of the Press
Hawaii Civil Liberties Committee	National Committee for the Defense of Political Prisoners
Heimusha Kai, also known as Nokubel Heiki Gimusha Kai, Zaibei Nihonjin, Heiyaku Gimusha Kai, and Zaibei Heimusha Kai (Japanese Residing in America Military Conscripts Association)	National Committee to Win Amnesty for Smith Act Victims
Hellenic-American Brotherhood	National Committee to Win the Peace
Hinode Kai (Imperial Japanese Reservists)	National Conference on American Policy in China and the Far East (a Conference called by the Committee for a Democratic Far Eastern Policy)
Hinomaru Kai (Rising Sun Flag Society—a group of Japanese War Veterans)	National Council of Americans of Croatian Descent
Hokubel Zaigo Shoke Dan (North American Reserve Officers Association)	National Council of American-Soviet Friendship
Hollywood Writers Mobilization for Defense	National Federation for Constitutional Liberties
Hungarian-American Council for Democracy	National Labor Conference for Peace
Hungarian Brotherhood	National Negro Congress
Idaho Pension Union	National Negro Labor Council
Independent Party (Seattle, Washington) (See Independent People's Party)	Nationalist Action League

Nationalist Party of Puerto Rico Nature Friends of America (since 1935) Negro Labor Victory Committee New Committee for Publications Nichibei Kogyo Kaisha (The Great Fujii Theatre) North American Committee to Aid Spanish Democracy North American Spanish Aid Committee North Philadelphia Forum Northwest Japanese Association	Santa Barbara Peace Forum Schappes Defense Committee Schneiderman-Darcy Defense Committee School of Jewish Studies, New York City Seattle Labor School, Seattle, Washington Serbian-American Fraternal Society Serbian Vidovdan Council Shinto Temples (limited to State Shinto abolished in 1945) Silver Shirt Legion of America Slavic Council of Southern California Slovak Workers Society Slovenian-American National Council Socialist Workers Party, including American Committee for European Workers' Relief Sokoku Kai (Fatherland Society) Southern Negro Youth Congress Suiko Sha (Reserve Officers Association, Los Angeles) Syracuse Women for Peace
Ohio School of Social Sciences Oklahoma Committee to Defend Political Prisoners Oklahoma League for Political Education (see Communist Political Association) Original Southern Klans, Incorporated	Tom Paine School of Social Science, Philadelphia, Pennsylvania Tom Paine School of Westchester, New York Trade Union Committee for Peace (See Trade Unionists for Peace) Trade Unionists for Peace (See Trade Unionists for Peace) Tri-State Negro Trade Union Council
Pacific Northwest Labor School, Seattle, Washington Palo Alto Peace Club Partido del Pueblo de Panama (operating in the Canal Zone) Peace Information Center Peace Movement of Ethiopia People's Drama, Inc. People's Educational and Press Association of Texas (see Communist Political Association) People's Educational Association (incorporated under name Los Angeles Educational Association, Inc.), also known as People's Educational Center, People's University, People's School People's Institute of Applied Religion People's Programs (Seattle, Washington) People's Radio Foundation, Inc. People's Rights Party Philadelphia Labor Committee for Negro Rights Philadelphia School of Social Science and Art Photo League (New York City) Pittsburgh Arts Club Political Prisoners' Welfare Committee Polonia Society of the IWO Progressive German-Americans, also known as Progressive German-Americans of Chicago Proletarian Party of America Protestant War Veterans of the United States, Inc. Provisional Committee of Citizens for Peace, Southwest Area Provisional Committee on Latin American Affairs Provisional Committee to Abolish Discrimination in the State of Maryland (See Committee to Abolish Discrimination in Maryland) Puerto Rican Comite Pro Libertades Civiles (CLC) (See Comite Pro Derechos Civiles) Puertorriqueños Unidos (Puerto Ricans United)	Ukrainian-American Fraternal Union Union of American Croatians Union of New York Veterans United American Spanish Aid Committee United Committee of Jewish Societies and Landsmannschaft Federations, also known as Coordination Committee of Jewish Landsmannschaften and Fraternal Organizations United Committee of South Slavic Americans United Defense Council of Southern California United Harlem Tenants and Consumers Organization United May Day Committee United Negro and Allied Veterans of America
Quad City Committee for Peace Queensbridge Tenants League	Veterans Against Discrimination of Civil Rights Congress of New York (see Civil Rights Congress) Veterans of the Abraham Lincoln Brigade Virginia League for People's Education (see Communist Political Association) Voice of Freedom Committee
Revolutionary Workers League Romanian-American Fraternal Society Russian American Society, Inc.	Walt Whitman School of Social Science, Newark, New Jersey Washington Bookshop Association Washington Committee for Democratic Action Washington Committee to Defend the Bill of Rights Washington Commonwealth Federation Washington Pension Union Wisconsin Conference on Social Legislation Workers Alliance (since April 1936)
Sakura Kai (Patriotic Society, or Cherry Association — composed of veterans of Russo-Japanese War) Samuel Adams School, Boston, Massachusetts	Yiddisher Kultur Farband Young Communist League Yugoslav-American Cooperative Home, Inc. Yugoslav Seamen's Club, Inc.

CERTIFICATION

I certify that I have read the names of the above listed organizations.

To the best of my knowledge and belief, I am not, nor have I been a member of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any organization listed above, or any organization outside the United States espousing Communist, Fascist, Totalitarian or Nazi causes, except as noted below.

To the best of my knowledge and belief, none of my close relatives are, nor have ever been members of, contributed to, received literature from, signed petitions of or in behalf of, or attended meetings of any such organizations, except as noted below.

INSTRUCTIONS

*For the purpose of this certification, if an applicant or employee is completing this form, the term "close relative" will include spouse, children, parents, brothers, sisters, uncles, and aunts. "Close relatives" of the spouse, for this purpose, will include children, parents, brothers, sisters, uncles, and aunts.*

*If there are exceptions to this certification, set forth below under Remarks all pertinent information concerning the nature and extent of your activities or those of your close relatives in such organizations, including the names of the organizations, dates of membership, meetings attended, titles of positions held, amounts and dates of contributions, nature of petitions signed falling within the meaning of the above certification and circumstances thereof, titles and authors of literature received, and dates on which received.*

*In exceptions concerning relatives, include only such information presently known to you or available from your own records.*

*If necessary, use additional sheets and sign each sheet. Write none if there are no exceptions.*

REMARKS: To be completed by Spouse	REMARKS: To be completed by Applicant or Employee
Date	Date
Signature of Spouse	Signature of Applicant or Employee
Address — City and State	Address — City and State
Witness	Witness
Address — City and State	Address — City and State

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 MEDICAL RECORD (To be completed by applicant)

1. NAME			HEIGHT	2. ADDRESS																																																																																														
3. SEX	4. MARITAL STATUS	5. DATE OF BIRTH	6. NO. OF CHILDREN	WEIGHT																																																																																														
MEDICAL HISTORY																																																																																																		
6. CHECK BELOW IF YOU HAVE EVER HAD ANY OF THE FOLLOWING. EXPLAIN ALL CHECK MARKS ON REVERSE SIDE. IF NONE CHECK HERE <input type="checkbox"/>																																																																																																		
1. EPILEPSY	8. BLOODSPITTING	15. VARICOSE VEINS	22. FAINTING SPELLS	29. CANCER OR TUMORS	36. FREQUENT SORE THROAT																																																																																													
2. ARTHRITIS	9. POLIOMYELITIS	16. SWOLLEN GLANDS	23. RECTAL TROUBLE	30. FREQUENT INDIGESTION	37. CHOREA (ST. VITUS DANCE)																																																																																													
3. DIABETES	10. TUBERCULOSIS	17. TYPHID FEVER	24. RHEUMATIC FEVER	31. PEPTIC (STOMACH) ULCER	38. DERMATITIS (SKIN TROUBLE)																																																																																													
4. PARALYSIS	11. DISCHARGE (EAR)	18. HEART TROUBLE	25. KIDNEY TROUBLE	32. BACKACHE OR SPRAIN	39. FREQUENT NOSE BLEEDING																																																																																													
5. JAUNDICE	12. EARACHES	19. CHRONIC COUGH	26. VENEREAL DISEASE	33. ASTHMA OR HAYFEVER	40. FREQUENT HEADACHES OR DIZZINESS																																																																																													
6. MALARIA	13. PLEURISY	20. HERNIA (RUPTURE)	27. SHORTNESS OF BREATH	34. DIFFICULTY OF URINATION	41. NERVOUS OR MENTAL BREAKDOWN																																																																																													
7. GOUT	14. PNEUMONIA	21. FREQUENT COLDS	28. CHRONIC CONSTIPATION	35. HIGH BLOOD PRESSURE																																																																																														
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8. HAVE YOU ANY IMPAIRMENT OF SIGHT OR HEARING			9. HAS YOUR WEIGHT CHANGED IN LAST TWO YEARS <input type="checkbox"/> INCREASED <input type="checkbox"/> DECREASED HOW MUCH. _____ LBS	10. MENSTRUAL HISTORY (Include date of last period)																																																																																														
11. HAVE YOU BEEN VACCINATED FOR SMALLPOX <input type="checkbox"/> YES <input type="checkbox"/> NO    DATE			12. WHAT OTHER VACCINATIONS OR INOCULATIONS HAVE YOU HAD	13. HAVE YOU EVER USED ALCOHOLIC OR MALT LIQUORS TO EXCESS																																																																																														
14. HAVE YOU EVER RECEIVED TREATMENT FOR ALCOHOL OR DRUG HABIT			15. WHEN DID YOU LAST CONSULT A PHYSICIAN (Give name of physician and date)	16. DO YOU SMOKE (If so how much)																																																																																														
17. MILITARY SERVICE 1. YEARS OF SERVICE _____ 2. BRANCH OF SERVICE _____ 3. DATE OF DISCHARGE _____ 4. REASDN FDR DISCHARGE _____ 5. ARE YOU APPLYING FOR OR RECEIVING ANY GOVERNMENT PENSION DR DISABILITY PAYMENTS _____ 5A. IF SO, WHAT PERCENTAGE OF DISABILITY _____ 6. PRESENT DRAFT MEDICAL STATUS _____ 7. IF 4F, FOR WHAT REASON _____																																																																																																		
18. HAVE YOU EVER BEEN REFUSED INSURANCE			19. HAVE YOU ANY COMPENSATION CLAIM PENDING																																																																																															
20. FAMILY RECORD AND MEDICAL HISTORY <table border="1"> <thead> <tr> <th rowspan="2">FAMILY (Include siblings)</th> <th rowspan="2">AGE</th> <th rowspan="2">LIVING (State of health)</th> <th rowspan="2">DECEASED (Cause)</th> <th rowspan="2">AGE AT DEATH</th> <th colspan="3">HAS ANY MEMBER OF YOUR FAMILY EVER HAD:</th> </tr> <tr> <th>DISEASE</th> <th>YES</th> <th>NO</th> <th>MEMBER OF FAMILY</th> </tr> </thead> <tbody> <tr> <td>FATHER</td> <td></td> <td></td> <td></td> <td></td> <td>TUBERCULOSIS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>MOTHER</td> <td></td> <td></td> <td></td> <td></td> <td>CANCER</td> <td></td> <td></td> <td></td> </tr> <tr> <td>HUSBAND</td> <td></td> <td></td> <td></td> <td></td> <td>INSANITY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>WIFE</td> <td></td> <td></td> <td></td> <td></td> <td>EPILEPSY</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>DIABETES</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>APOPLEXY (Stroke)</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>HEART TROUBLE</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>KIDNEY TROUBLE</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td>HIGH BLOOD PRESSURE</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						FAMILY (Include siblings)	AGE	LIVING (State of health)	DECEASED (Cause)	AGE AT DEATH	HAS ANY MEMBER OF YOUR FAMILY EVER HAD:			DISEASE	YES	NO	MEMBER OF FAMILY	FATHER					TUBERCULOSIS				MOTHER					CANCER				HUSBAND					INSANITY				WIFE					EPILEPSY									DIABETES									APOPLEXY (Stroke)									HEART TROUBLE									KIDNEY TROUBLE									HIGH BLOOD PRESSURE			
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I certify that the foregoing statements are true to the best of my knowledge and belief. I understand that leaving out or misrepresenting facts called for above may be the cause for refusal of employment or separation from the organization.

I hereby grant permission to the examining physician to disclose any and all information herein or herein-after furnished by me to the organization as may be deemed necessary.

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DATE

SIGNATURE OF APPLICANT

Approved For Release 2002/01/08 : CIA-RDP79-00632A000100070010-2

NAME \_\_\_\_\_

OFFICE OF MEDICAL SERVICES

PRIVILEGED MEDICAL INFORMATION

THIS ENVELOPE NOT TO BE USED FOR MAILING PURPOSES

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